

STATE OF SOUTH DAKOTA
Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER EDGEMONT HERALD TRIBUNE		2. DATE 09-27-2013
3. FREQUENCY OF ISSUE WEEKLY	3A. NO. OF ISSUES PUBLISHED ANNUALLY 51	3B. ANNUAL SUBSCRIPTION PRICE \$ 31 /\$39 /\$40
4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers) PO BOX 660/410 SECOND AVE, EDGEMONT, FALL RIVER CO, SD 57735-0660		
5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers) PO BOX 660, EDGEMONT, SD 57735-0660		
6. FULL NAME OF PUBLISHER: ANNE IRENE CASSENS		
7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.) FULL NAME CASSENS COMPANIES INC, PO BOX 660, EDGEMONT, SD 57735-0660 COMPLETE MAILING ADDRESS		
8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.) NONE		
9. EXTENT AND NATURE OF CIRCULATION		AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS
A. TOTAL NO. COPIES (Net Press Run)		850
B. PAID AND/OR REQUESTED CIRCULATION 1. Sales through dealers and carriers, street vendors and counter sales.		215
2. Mail Subscription (Paid and or requested)		450
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)		600
D. FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS		20
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES		30
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)		650
F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing		135
2. Return from News Agents		65
G. TOTAL (Sum of E, F1 and F2 – Should equal net press run shown in A)		850
ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE		
850		
189		
442		
585		
20		
30		
635		
169		
46		
850		

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public
I swear that the statements made by me are true, correct, and complete:

Anne Cassens
(Signature)

EDITOR / PUBLISHER

(Title)

State of South Dakota

County of *Fall River*

(Seal)

Sworn to before me this 27th day of September 2013

Andrea Emile Collins
Notary Public

My commission expires: June 17, 2019

